

DEPARTMENT OF STATE
FOREIGN SERVICE OF THE UNITED STATES OF AMERICA

RESIDENCE AND DEPENDENCY REPORT

(Submit in duplicate, on entering service and upon any change of residence or of dependency thereafter.)

NAME (FIRST, MIDDLE, MAIDEN (IF ANY), LAST)	DATE OF BIRTH	CLASS	POST
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RESIDENCE REPORT

Important in determining point of origin or destination for travel and shipment of effects. Residences listed cannot be altered after travel orders have been issued. Reasons for change of home leave residence must be provided in accordance with existing regulations.

RESIDENCE(S) IN U. S. AT TIME OF APPOINTMENT

RESIDENCE FOR SERVICE SEPARATION	LEGAL RESIDENCE
RESIDENCE FOR HOME LEAVE	PREVIOUSLY REPORTED HOME LEAVE RESIDENCE

REASONS FOR CHANGE OF HOME LEAVE RESIDENCE

DEPENDENCY REPORT

I. MARITAL STATUS	<input type="checkbox"/> SINGLE	<input type="checkbox"/> LEGALLY SEPARATED	<input type="checkbox"/> WIDOWER	DATE OF MARRIAGE	DATE OF OTHER CHANGE IN MARITAL STATUS
	<input type="checkbox"/> MARRIED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> WIDOW		
NAME OF SPOUSE (INCLUDE MAIDEN NAME OF WIFE)	DATE OF BIRTH	NATIONALITY	PREVIOUS NATIONALITY		
	WILL SPOUSE TRAVEL WITH YOU AT GOVERNMENT EXPENSE AND RESIDE WITH YOU ABROAD? <input type="checkbox"/> YES <input type="checkbox"/> NO				

II. OTHER DEPENDENTS	List below only those dependents, other than spouse, who will travel with you at Government expense and reside with you abroad. Dependents other than a wife and children under 21 years of age must meet the special requirements for dependency stated in existing regulations. If any such dependents are included below, give a justification for each on the reverse of the form.			
	NAME OF OTHER DEPENDENTS	RELATIONSHIP	NATIONALITY	DATE OF BIRTH

SIGNATURE	DATE SUBMITTED
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